

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081709

1. Corporation Name
SNL MORTGAGE, INC.

Principal Place of Business
16300 NORTHEAST 19TH AVENUE
SUITE 210
NORTH MIAMI BEACH FL 33162

Mailing Address
16300 NORTHEAST 19TH AVENUE
SUITE 210
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
83
84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: Lawrence J. Spiegel, President
Signature typed or printed name of officer or director

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	CALVO, NICOLETA F	
STREET ADDRESS	700 NORTHEAST 178 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VSTD	[] DELETE
NAME	CALVO, LUIS	
STREET ADDRESS	700 NORTHEAST 178 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
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TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Do Not Write in This Space

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MAR-7 PM 2:25



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1997
4. FEI Number
65-0783008
5. Certificate of Status Desired [] Applied For Not Applicable
\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [] Yes [X] No
10. Name and Address of New Registered Agent

0035955

CR2E034 (11/98)